

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Campaign for American Principles

ADDRESS (number and street)

1420 K Street, NW, Suite 300

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00544387

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☒ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Turner, Cale, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Turner, Cale, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Campaign for American Principles

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2016</div>		<div>22338.13</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>2788.37</div>	
(c) Total Receipts (from Line 19) .....	<div>441000.00</div>	<div>444476.29</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>443788.37</div>	<div>466814.42</div>
7. Total Disbursements (from Line 31).....	<div>261265.08</div>	<div>284291.13</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>182523.29</div>	<div>182523.29</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Campaign for American Principles

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

416000.00

418000.00

## (ii) Unitemized .....

0.00

175.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

416000.00

418175.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

25000.00

25000.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

441000.00

443175.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1301.29

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

441000.00

444476.29

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

441000.00

444476.29

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	76265.08	99291.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	76265.08	99291.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	185000.00	185000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	261265.08	284291.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	261265.08	284291.13

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	441000.00	443175.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	441000.00	443175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	76265.08	99291.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1301.29
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	76265.08	97989.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Campaign for American Principles**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fieler, Sean, M., ,**

Mailing Address 40 Haslet Avenue

City  
Princeton

State  
NJ

Zip Code  
08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Equinox Partners, LP

Occupation (for Individual)  
Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

77000.00

Date of Receipt

08 / 29 / 2016

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period

75000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fieler, Sean, M., ,**

Mailing Address 40 Haslet Avenue

City  
Princeton

State  
NJ

Zip Code  
08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Equinox Partners, LP

Occupation (for Individual)  
Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152000.00

Date of Receipt

09 / 12 / 2016

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period

75000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hwang, Sung, , ,**

Mailing Address 26 Trafalgar Road

City  
Tenaflly

State  
NJ

Zip Code  
07670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Archegos Capital Management

Occupation (for Individual)  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

09 / 15 / 2016

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period

35000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Campaign for American Principles**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mayer, Douglas, , ,**

Mailing Address 25 Cambridge Drive

City  
Allendale

State  
NJ

Zip Code  
07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wachtell, Lipton, Rosen & Katz

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 23 / 2016

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mercer, Robert, , ,**

Mailing Address 600 Route 25A

City

East Setauket

State

NY

Zip Code

11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Renaissance Technologies

Occupation (for Individual)  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

136000.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period

136000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mills, Andrew, , ,**

Mailing Address 262 High Street

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Archegos Capital Management

Occupation (for Individual)  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

09 / 15 / 2016

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period

15000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

156000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Campaign for American Principles**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Willis, Tom, , ,**

Mailing Address 619 SW Arboretum Circle

City  
Portland

State  
OR

Zip Code  
97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Intel

Occupation (for Individual)

Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.4605**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Willis, Tom, , ,**

Mailing Address 619 SW Arboretum Circle

City  
Portland

State  
OR

Zip Code  
97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Intel

Occupation (for Individual)

Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

**Transaction ID : SA11AI.4611**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75000.00

416000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Campaign for American Principles**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Oregon Right to Life Victory PAC**

Mailing Address 4335 River Road North

City  
Salem

State  
OR

Zip Code  
97303

FEC ID number of contributing  
federal political committee.

**C** C00592303

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

**09** / **14** / **2016**

**Transaction ID : SA11C.4603**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25000.00

25000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Campaign for American Principles**

Full Name (Last, First, Middle Initial)

**A. Compliance & Reporting Solutions, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2016

Mailing Address PO Box 21495

City  
Little RockState  
ARZip Code  
72221-1495Purpose of Disbursement  
Compliance & Accounting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.4619**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Evolving Strategies, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

Mailing Address 3125 1st Place North

City  
ArlingtonState  
VAZip Code  
22201Purpose of Disbursement  
Surveying & Data Modeling

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.4623**

Amount of Each Disbursement this Period

45500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2016

Mailing Address 911 Panorama Trail S.

City  
RochesterState  
NYZip Code  
14625Purpose of Disbursement  
Account Maintenance Fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.4615**

Amount of Each Disbursement this Period

61.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

46561.34

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Campaign for American Principles**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 911 Panorama Trail S.

City  
RochesterState  
NYZip Code  
14625Purpose of Disbursement  
Account Maintenance Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4616**

Amount of Each Disbursement this Period

70.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 911 Panorama Trail S.

City  
RochesterState  
NYZip Code  
14625Purpose of Disbursement  
Account Maintenance Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	2		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4617**

Amount of Each Disbursement this Period

61.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Revily, Inc.**

Mailing Address 3436 Miller Drive

City  
ChambleeState  
GAZip Code  
30341Purpose of Disbursement  
Polling & Data Access

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4626**

Amount of Each Disbursement this Period

7900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8031.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Campaign for American Principles**

Full Name (Last, First, Middle Initial)

**A. The Polling Company**Mailing Address 400 North Capitol Street NW  
Suite 790City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Polling

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

**C****Transaction ID : SB21B.4624**

Amount of Each Disbursement this Period

21399.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21399.00

75992.01

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Campaign for American Principles</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> C00544387 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Strategic Media Services, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address    1911 North Ft. Myer Dr., Suite 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145000.00</div>		
City Arlington	State VA	Zip Code 22209	<b>Transaction ID : SE.4566</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Cable Media Buy		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: GARRETT, SCOTT, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: 05  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: NJ         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Strategic Media Services, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address    1911 North Ft. Myer Dr., Suite 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>		
City Arlington	State VA	Zip Code 22209	<b>Transaction ID : SE.4569</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Media Buy		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: GARRETT, SCOTT, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: 05  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: NJ         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">170000.00</div>		
<b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(a) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Turner, Cale, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 14 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Campaign for American Principles</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00544387       </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>														
Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Media Services, Inc.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2016										
Mailing Address 1911 North Ft. Myer Dr., Suite 400				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>										
City Arlington		State VA		Zip Code 22209										
Purpose of Expenditure Media Production				Transaction ID : <b>SE.4570</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 13 / 2016										
Name of Federal Candidate: GARRETT, SCOTT, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NJ										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">185000.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>										
Mailing Address				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>										
City		State		Zip Code										
Purpose of Expenditure				Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>										
Name of Federal Candidate:				<input type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____										
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">15000.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;">185000.00</td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	15000.00	(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶		(a) TOTAL Independent Expenditures .....	▶	185000.00
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	15000.00												
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶													
(a) TOTAL Independent Expenditures .....	▶	185000.00												
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Turner, Cale, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 15 / 2016										